



Miss Coalinga Contest
Coalinga Chamber of Commerce
2012 Annual Horned Toad Derby Candidate Form
Open to Ages 16 and up

NAME _____ **DATE** _____
Please Print

ADDRESS _____

CITY _____ **TELEPHONE** _____

SCHOOL(YEAR) _____ **DATE OF BIRTH** _____ **AGE** _____

DRIVERSLICENSE NUMBER _____ (Or School ID #)

INTERESTS / HOBBIES _____

CLUBS/ORGANIZATIONS _____

EDUCATIONAL GOALS _____

ARE YOU EMPLOYED? _____ **WHERE?** _____

I will be responsible for the BBQ tickets and any money received from my ticket sales. Init _____

I understand that I must return all ticket money before I take out more tickets. Init _____

Signed _____

Guardian's Signature _____ **Phone** _____
(Under 18 Years of age)

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